

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/031091		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51			
2						52			
3						53			
4						54			
5	1					55			
6						56			
7						57			
8						58			
9	1					59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
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31						81			
32						82			
33						83			
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36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	9					TOTAL DEP.			
TOTAL CLAIMS	12					TOTAL CLAIMS			